

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015638

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 609

FILED MAY 13 1963

1. PLACE OF DEATH

a. COUNTY

Green

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Springfield

Length of stay in 1b

8 days

c. FULL NAME OF (If not in hospital, give location)
HOSPITAL OR INSTITUTION

Bunge Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Green

admission)

c. CITY

OR TOWN

Springfield

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

721 NO Fulbright

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

GRACE

Middle

MAY

Last

GOODMAN

4. DATE

OF DEATH

Month

APRIL

Day

23-1963

5. SEX

Female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-25-1886

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Homemaker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Louisiana

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Robert Spence

13b. MOTHER'S MAIDEN NAME

Bessie Bryant

14. NAME OF HUSBAND OR WIFE

J. O. Goodman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Regina Robertson

Address

729 N. Glenn Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Probable Coronary Occlusion

Interval between ONSET AND DEATH about 2 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Atherosclerotic Heart Disease

unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Uremia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4-15-63

to 4-23-63

and last saw her alive on

4-22-63

Death occurred at

8:25 a.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. L. Eastwood

22b. ADDRESS

1715 Bonville Springfield, Mo. 5-6-63

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-25-63

23c. NAME OF CEMETERY OR CREMATORY

Spring Creek Cemetery

23d. LOCATION (City, town, or county)

Houston, Mo - (Union Co.)

24. FUNERAL DIRECTOR

Brum - Daniel, Inc.

25. DATE RECD. BY LOCAL REG.

5-8-63

26. REGISTRAR'S SIGNATURE

Ebbie G. Arneton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1 0397

2 0397

3

4 1

5 2

6

7 1

8 0

9 4200

10

11

12 1-0

13

Permit 4-23-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Doyle L. Daniel

Licensed Embalmer No. 4702

P. O. Address Ashe Grove No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.